

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
MAY 13 2016
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 16-01a3
Date: 5-31-16
Amount Paid: \$75
Refund: 5-31-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: <u>DAVID E JOHNSON</u>		Mailing Address: <u>80730 FALLS SPUR RD</u>		City/State/Zip: <u>PORTWILG WI</u>		Telephone: <u>715 774 3502</u>		Cell Phone:	
Address of Property:		Contractor Phone:		Plumber:		Plumber Phone:		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>SELF</u>		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Recorded Document (i.e. Property Ownership) Volume _____ Page(s) _____			
PROJECT LOCATION <u>SW 1/4, NE 1/4</u>		Legal Description: (Use Tax Statement) <u>SW 1/4, NE 1/4</u>		Gov't Lot		Lot(s)		CSM	
Section <u>10</u> , Township <u>49</u> N, Range <u>9</u> W		Town of: <u>ORIENTA</u>		Vol & Page		Lot(s) No.		Block(s) No.	
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes—Continue →		Distance Structure is from Shoreline: <u>over 300'</u> feet		<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—Continue →		Distance Structure is from Shoreline: _____ feet					

Value at Time of Completion * include donated time & material <u>\$4000</u>	Project <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	# of Stories and/or basement <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	Use <input checked="" type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> _____	# of bedrooms <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	What Type of Sewer/Sanitary System is on the property? <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	Water <input type="checkbox"/> City <input checked="" type="checkbox"/> Well <u>ALL</u>
---	--	--	---	---	---	--

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>39'</u>	Width: <u>30'</u>	Height: <u>14'</u>
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage	(<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X)		
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X) (<input type="checkbox"/> X)		
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) <u>CHABACH</u> <input type="checkbox"/> Conditional Use: (explain) _____ <input checked="" type="checkbox"/> Other: (explain) _____	(<input type="checkbox"/> 27' x 30') (<input type="checkbox"/> X) (<input type="checkbox"/> X)	810	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property and reasonable time for the purpose of inspection.

Owner(s): DAVID E JOHNSON
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____

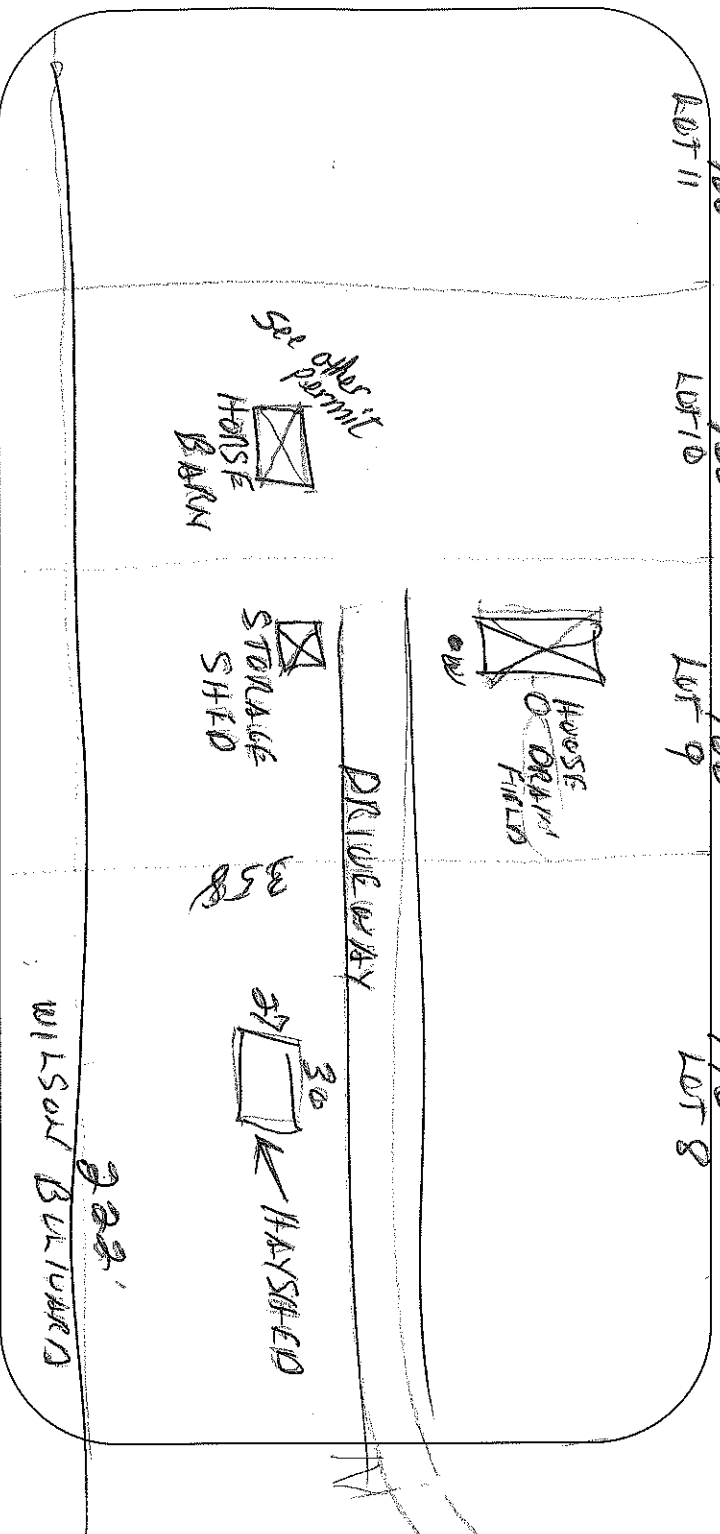
Date 5-8-16

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%
196'



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	150 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	150 Feet	Setback from the River, Stream, Creek	400 Feet
Setback from the North Lot Line	100 Feet	Setback from the Bank or Bluff	200 Feet
Setback from the South Lot Line	100 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	150 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 80 Feet
Setback from the East Lot Line	200 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	200 Feet	Setback to Well	200 Feet
Setback to Drain Field	200 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 16-0223	Permit Date: 5-31-16	1306 ft from stream				
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:						
Date of Inspection: 5-27-16	Inspected by: J. Greenberg/Huepft					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
NO WATER WORK PERMISSIBLE SHAN ENTER THE BUILDING						
SHAN NOT BE USED FOR HUMANA HABITATION						
Signature of Inspector:		Date of Approval: 5-31-16				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
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Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Relief)
MAY 13 2016
Bayfield Co. Zoning Dept

Permit #:	116-0124
Date:	5-31-16
Amount Paid:	\$75
Refund:	5-31-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: DAVID JOHNSON	Mailing Address: 80750 FALLS PARK PORT WILK WI 54865	City/State/Zip: 715 774 3522	Telephone: 715 774 3522
Address of Property: SAME	City/State/Zip:		Cell Phone:
Contractor: SELF	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION: SW 1/4, NE 1/4	Legal Description: (Use Tax Statement)	PIN: (23 digits) 26485-84-86	Recorded Document: (i.e. Property Ownership) Volume: Page(s):
Section 10, Township 49 N, Range 9 W	Gov't Lot	Lot(s)	CSM
			Vol & Page
			Lot(s) No.
			Block(s) No.
			Subdivision: DANIELS TRAILS ADDITION
			Lot Size: 300 X 200
			Acres: 1807-
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue -->	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of lake, Pond or Flowage If yes--continue -->	Distance Structure is from Shoreline: feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at time of Completion * include donated time & material \$ 2000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)		
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/ service contract)		
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet		

Existing Structure: (if permit being applied for is relevant to it)	Length: 24	Width: 32	Height: 12'
Proposed Construction:	Length: 24	Width: 32	Height: 12'

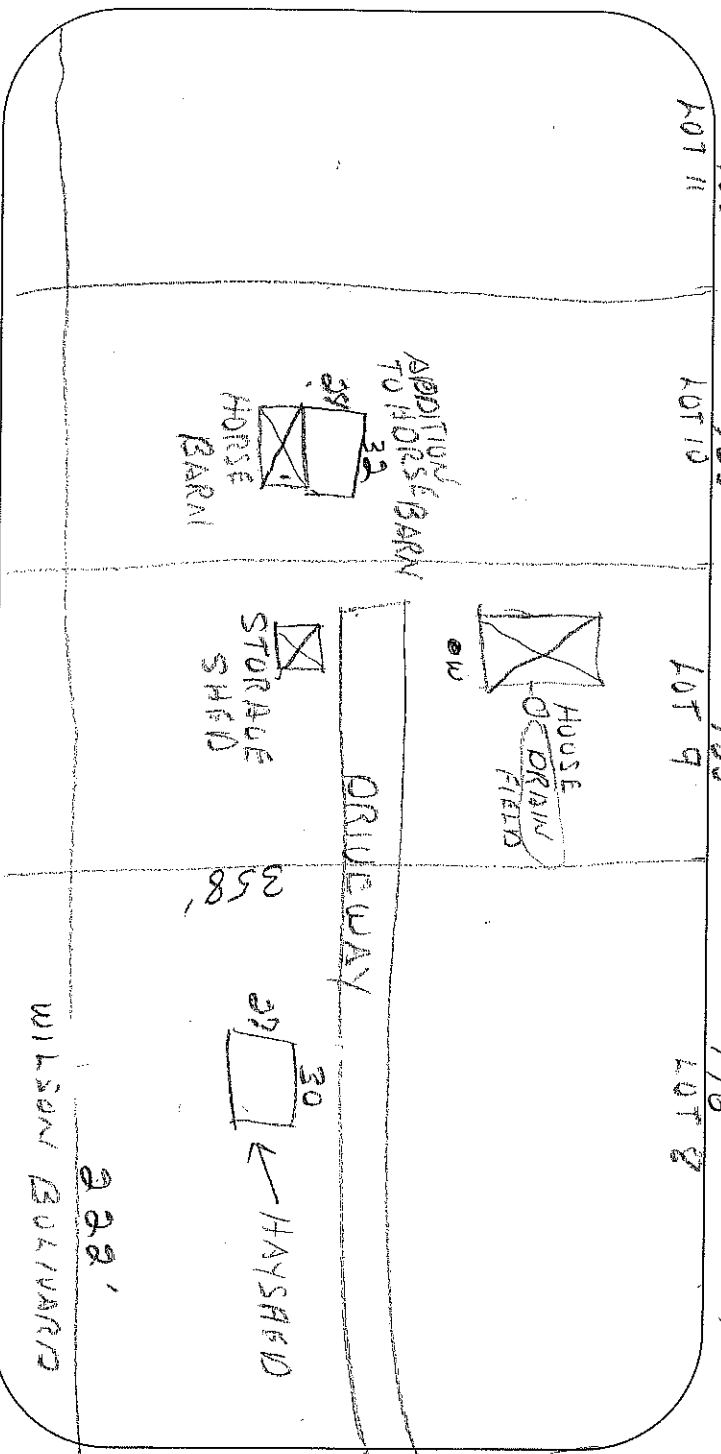
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Deck	(X)	
	with (2 nd) Deck	(X)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(X)	
	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	Mobile Home (manufactured date)	(X)	
	Addition/Alteration (specify)	(X)	
	Accessory Building (specify)	(X)	
	Accessory Building Addition/Alteration (specify)	(X)	
<input type="checkbox"/> Municipal Use	Special Use: (explain) HORSE BARN	(24 X 32-1)	768
	Conditional Use: (explain)	(X)	
	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature] Date: _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit _____
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

See box below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20% *100'*



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	125 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	340 Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	35 Feet	Setback from Wetland	180 Feet
Setback from the West Lot Line	100 Feet	20% Slope Area on property	Yes <input type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	100 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	175 Feet	Setback to Well	125 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

Speed (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):	Reason for Denial:				
Permit #: 16-0124	Permit Date: 5-31-16	+ 320 Ft from boundary			
Is Parcel a Sub-Standard Lot	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is Parcel in Common Ownership	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Mitigation Required	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is Structure Non-Conforming	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Mitigation Attached	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Affidavit Required	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Case #:	
Was Parcel Legally Created		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Were Property Lines Represented by Owner		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was Proposed Building Site Delineated		Yes <input type="checkbox"/> No <input type="checkbox"/>	Was Property Surveyed		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inspection Record:		Zoning District (R-1)			
Date of Inspection: 5-27-16		Inspected by: [Signature]		Lakes Classification (3-River)	
Conditions: Town, Committee or Board Conditions Attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If No they need to be attached)		Date of Re-Inspection:			
STAKE NOT BE USED FOR FUTURE HABITATION. Limit OF UP TO (6) HORSES PER PERMIT # 91-9759.					
Signature of Inspector: [Signature]		Date of Approval: 5-31-16			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>	

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
ENTERED
JUN 05 2015
Bayfield Co. Zoning Dept.

Permit #: 16-0161
Date: 5-31-16
Amount Paid: \$1085
Refund: 5-31-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVATE ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Mari Lynn Klinkner
Mailing Address: PO Box 282 Galesville, WI 54630
City/State/Zip: Galesville, WI 54630
Telephone: _____
Cell Phone: 608 738 1397

Address of Property: 1818 55th Orienta Falls RD
City/State/Zip: Port Wing, WI
Contractor Phone: _____ Plumber: _____
Plumber Phone: _____

Authorized Agent: (Person Signing Application on behalf of Owner(s))
Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____
Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION: Legal Description: (Use Tax Statement)
N1/2 N1/2 SW NW N1/2 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:
N1/2 SE NW 1/4 Ewing West of Orienta Falls RD Section _____ N, Range _____ W Town of: Orienta
Lot Size Acreage 10 acres

Recorded Document: (i.e. Property Ownership) Volume 1070 Page(s) 788 241

☐ Shoreland ☒ Non Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage if yes---continue

Distance Structure is from Shoreline: _____ feet
Distance Structure is from Shoreline: _____ feet
Is Property in Floodplain Zone? ☐ Yes ☒ No
Are Wetlands Present? ☒ Yes ☐ No

Value at Time of Completion include donated time & materials: \$3000

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Compost Toilet	Sum man	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: 35' Width: 30' Height: 13' on level
Proposed Construction: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) RV storage	(35' X 30')	1050 sq'
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() ()	
	<input type="checkbox"/> with Loft	() ()	
	<input type="checkbox"/> with a Porch	() ()	
	<input type="checkbox"/> with (2nd) Porch	() ()	
	<input type="checkbox"/> with a Deck	() ()	
	<input type="checkbox"/> with (2nd) Deck	() ()	
	<input type="checkbox"/> with Attached Garage	() ()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() ()	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	() ()	
	<input type="checkbox"/> Addition/Alteration (specify) _____	() ()	
	<input checked="" type="checkbox"/> Accessory Building (specify) Pole bldg over trailer RV	() ()	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() ()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____	() ()	
	<input type="checkbox"/> Conditional Use: (explain) _____	() ()	
	<input type="checkbox"/> Other: (explain) _____	() ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
(I/we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in/or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

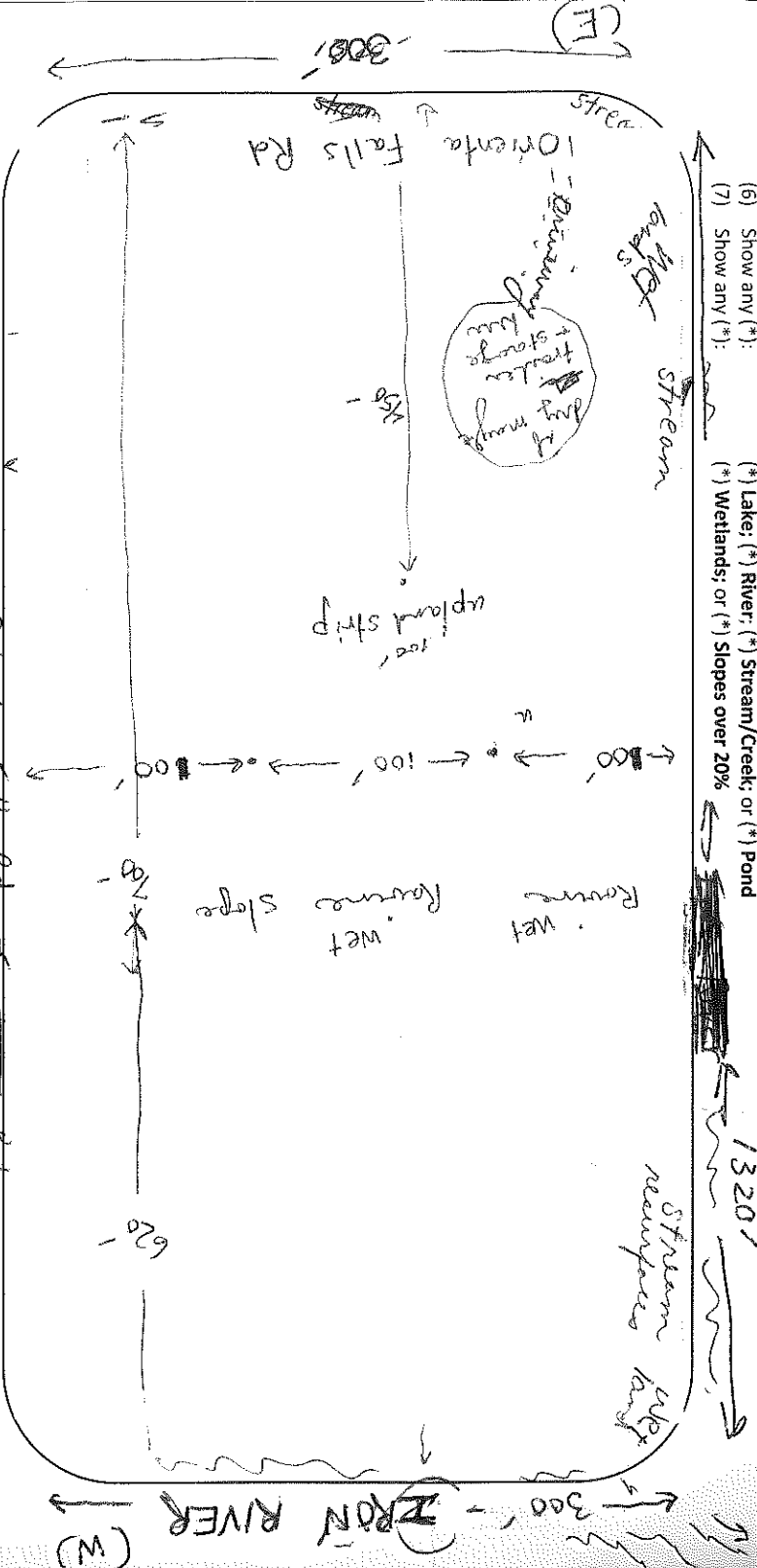
Owner(s): Mari Lynn Klinkner
Date: 6/1/15
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____
Date: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: PO Box 282 Galesville WI 54630
Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

the box below: **Draw or Sketch your Property** (regardless of what you are applying for.)

- (1) Show location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) **Setbacks:** (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	400 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	870 Feet
Setback from the North Lot Line	105 Feet	Setback from the Bank or Bluff	250 Feet
Setback from the South Lot Line	100 Feet	Setback from Wetland	25 Feet
Setback from the West Lot Line	870 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	450 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank		Setback to Well	Feet
Setback to Drain Field			
Setback to Privy (Portable Composting) RV			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)						Sanitary Number:		# of Bedrooms:	Sanitary Date:		
Permit Denied (Date):						Reason for Denial:					
Permit #: 16-081						Permit Date: 5-31-16					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming						<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous lots) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	We're Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: OK per WDR - see attached											
Date of Inspection: 5-27-16						Inspected by: J. Morrison, MPP					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)											
Building + RV shall be placed a minimum of 63' from center of town road or 30 ft from R.O.W., whichever is greater AND 25 Ft from wetland boundaries.											
Signature of Inspector:						Date of Approval:					
Hold For Sanitary: <input type="checkbox"/>						Hold For TBA: <input type="checkbox"/>					
Hold For Affidavit: <input type="checkbox"/>						Hold For Fees: <input type="checkbox"/>					